

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 183  
 County Registrar No. 659  
 Local Registrar No. \_\_\_\_\_

No. Lower Miami St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Angel Campos

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 31, 1926  
 Month Day Year

8. FATHER  
 Full name Jose Campos  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex.  
 11. Age at last birthday 44 (Years)

14. MOTHER  
 Full maiden name Mercedes Hernandez  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 16. Color or race Mex  
 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Jalisco, Mex.  
 (State or country)  
 13. Occupation Trackman  
 Nature of Industry mining

18. Birthplace (city or place) Jalisco, Mex.  
 (State or country)  
 19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living 7  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against oph. thalnia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 3:20 a.m. on the date above stated.  
 (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
 Signature Beryl M. Brown (Physician or midwife)  
 Address Miami, Arizona

Given name added from a supplemental report. \_\_\_\_\_ Filed June 4, 1926 B. E. Iron  
 Month, day, year Local Registrar.

Registrar

Filed \_\_\_\_\_, 19 \_\_\_\_\_

County Registrar.

132-531-469